

TOWN OF GRANBY  
BOARD OF ASSESSMENT APPEALS

**INFORMATION SHEET-PLEASE READ CAREFULLY**  
(PLEASE RETAIN FOR FUTURE REFERENCE)

Enclosed is an appeal application to the Board of Assessment Appeals. Please complete **SECTION A** and return it no later than February 20, 2013 as noted. The application must be in the Assessor's office on or before **February 20, 2013**. No application will be accepted after this date. You need to file **one** application for **each** property account being appealed.

A **copy** of the application will be returned to you no later than March 1, 2013 indicating in **SECTION B** the time of your hearing. Hearings will be held in Town Hall during the month of March. We will make every attempt to satisfy your time request.

Your appointment has been scheduled for 15 minutes. You or your agent must appear before the Board of Assessment Appeals for your appeal to be considered.

It is recommended you present documentation with the Board which shows that your property is over-valued or is valued inequitably when compared to similar properties as of the last **Revaluation, October 1, 2012**. You cannot base your appeal solely on the fact that you feel your taxes are too high, or that they may increase more than others. A suggestion would be to have the **Proof of Value Statement** or an appraisal completed and ready for the Board of Assessment Appeals prior to the date of appeal.

Please note that the Board will not deliberate your case at the time of your appeal, but will do so at a subsequent time.

The results of your hearing will be returned to you **after** the Board deliberates your appeal, indicating the results of their deliberations and their comments, if any.

Please contact this office at (860) 844-5311 if you have any questions.

Assessor's Office  
Town of Granby

RETURN COMPLETED FORM TO:  
BAA C/O ASSESSORS  
15 NORTH GRANBY ROAD  
GRANBY, CT 06035

## TOWN OF GRANBY

### PROPERTY ASSESSMENT APPEAL APPLICATION TO THE BOARD OF ASSESSMENT APPEALS

**INSTRUCTIONS:** Please complete SECTION A of this application in its entirety. Please type or print legibly. Complete **one** form for **each** property account being appealed. **NOTE: COMPLETED FORM MUST BE IN THE ASSESSOR'S OFFICE NO LATER THAN FEBRUARY 20, 2013. NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS SUBMITTED TIMELY AND COMPLETED IN ITS' PROPER FORM.** (CONNECTICUT GENERAL STATUTES SS 12-111 )  
RETURN TO : BAA C/O ASSESSORS 15 NORTH GRANBY ROAD, GRANBY, CT. 06035  
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#### SECTION A APPEAL APPLICATION

Property Owner(s) \_\_\_\_\_

Name of Signer of Application \_\_\_\_\_

Position of the Signer: owner \_\_\_\_\_ agent \_\_\_\_\_ corp. officer (*identify*) \_\_\_\_\_.

Property owner will be represented by: self \_\_\_\_\_ agent \_\_\_\_\_.

(If by agent, owner must complete authorization form on reverse side Section E)

Name of Person and Address to which all notices and correspondence should be sent (list **one** address only):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Description of the property being appealed (location # and street address if real estate, year/make/marker # if motor vehicle)

\_\_\_\_\_  
For the Grand List of October 1, **2012**: Real Estate \_\_\_\_\_ Motor Vehicle \_\_\_\_\_ Personal Property \_\_\_\_\_.

Reason for the Appeal: \_\_\_\_\_.

Appellant's estimate of the value of the property as of **October 1, 2012** \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Owner or Agent*

\_\_\_\_\_  
*Date Appeal Signed*

(If by Agent, the Agent's Certification section must be completed)

I prefer a hearing on a: weekday evening \_\_\_\_\_ Saturday morning \_\_\_\_\_.

\*\*\*\*\*

#### SECTION B NOTICE OF APPEAL HEARING TIME AND PLACE

(For Board of Assessment Appeals Use Only)

Your appeal hearing for the above property is scheduled to be held at the Granby Town Hall, 15 North Granby Rd,

Granby on \_\_\_\_\_ 2013 at \_\_\_\_\_ am/pm.

**AGENT'S CERTIFICATION**

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**TO THE BOARD OF ASSESSMENT APPEALS OF THE TOWN OF GRANBY:**

I/We, \_\_\_\_\_, being the legal owner(s) of  
\_\_\_\_\_, hereby authorize \_\_\_\_\_ to  
act as my agent in all matters before the Board of Assessment Appeals of the Town of Granby for the assessment  
year commencing October 1, 2011.

Property Owner: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)

Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROOF OF VALUE STATEMENT  
VALUE AS OF OCTOBER 1, 2012**

I understand that the current assessment on the property in question is based on seventy percent (70%) of the fair market value on **OCTOBER 1, 2012**, because this was the year of Granby's Revaluation. I have also made any corrections to my field card (if necessary) that may affect the current assessment.

**Property Address:**\_\_\_\_\_ **Map/Block/Lot:**\_\_\_\_\_

**Comparable Sale #1:**

**Address:**\_\_\_\_\_ **Map/Block/Lot:**\_\_\_\_\_

**Assessment:**\_\_\_\_\_

**Comparable Sale #2:**

**Address:**\_\_\_\_\_ **Map/Block/Lot:**\_\_\_\_\_

**Assessment:**\_\_\_\_\_

**Comparable Sale #3:**

**Address:**\_\_\_\_\_ **Map/Block/Lot:**\_\_\_\_\_

**Assessment:**\_\_\_\_\_

**\*It is the suggestion of the Board that three comparable sales be used when appealing an assessment. You may include more if you wish.**

**\*If this form is not returned before the date of the appeal, the taxpayer will be responsible for providing the Board with copies of the field cards showing the comparable sales that will be used in the taxpayer's appeal.**